

FILED FEB 14 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Chase
(b) City or town Rural (Grand River)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME Clarence Bullman
8. (b) If veteran, name war no
8. (c) Social Security No. no

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul Bullman
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased April 12 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 6 hr. ✓ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Salvage Dealer

11. Industry or business

12. Name August Bullman
13. Birthplace Switzerland (City, town, or county) (State or foreign country)
14. Maiden name Mary Tipple
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Paul Bullman
(b) Address Harrisonville Mo

17. (a) Removed (Burial, cremation, or removal)
(b) Date thereof Jan 21 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Kan

18. (a) Signature of funeral director RUNNENBURGEY'S
(b) Address HARRISONVILLE MO

19. (a) 1/20/41 (Date received local registrar)
(b) Beckesley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Call
(c) City or town Rural (Harrisonville)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1941 hour 12 minute 25 P M.

21. I hereby certify that I attended the deceased from Jan 17, 1941
to Jan 18 1941
that I last saw him alive on Jan 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cotumary Heart Disease

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (e) Means of injury

23. Signature Beckesley (M. D. or registrar)
Address Harrisonville Date signed 1/20/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ernest Runnenburger
Licensed Embalmer No. 3368
P. O. Address Harrisonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.